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JANUARY, 1857.

NO. 1.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Pathology of Milk Sickness; an Inaugural Thesis, presented to the Faculty of Rush Medical College, 1856.* By W. H. PHILIPS, Kenton, Ohio.

I propose, in this paper, to consider briefly the Nature and Pathology of Milk Sickness.

In the selection of this subject, I am not unmindful of the fact, that this disease is one upon which the science of medicine has not even conferred a name, and the very existence of which is ignored by many of the Profession.

This incredulity, on the part of the Profession, is not surprising when we review the discrepant accounts of the cause, and the many dubious and speculative opinions of the nature and pathology of this disease.

That milk sickness is a disease, *sui generis*, characterized by distinct pathognomonic symptoms, we have a collection of facts too numerous and an array of testimony too respectable to admit of longer doubt. The fact that this disease has not been satisfactorily understood or explained, affords no just grounds for denying its existence, but should rather excite a spirit of inquiry and investigation that it may no longer be regarded, and so justly too, the *approbia medicorum* of this Western country.

ORIGINAL COMMUNICATIONS.

A correct definition and classification of the available facts in any given case, is the true basis of scientific investigation; but in the present imperfect state of our knowledge of the disease under consideration, the use of the popular epithet suggestive of its cause and character will perhaps better serve our present purpose and the cause of truth than any theoretical cognomen in accordance with medical nomenclature. The direct cause of this disease is now generally conceded to be, either the ingestion of diseased animal food, or the use of the milk of animals that contains certain noxious qualities. That such is its true cause will appear from a consideration of the following facts:—

First—That it is invariably found to occur in the same districts, and simultaneously with a disease known as the 'Trembles' in the Graminivora.

Second—That a disease, corresponding in all its characteristics, does occur and can be produced at pleasure in carnivorous animals, by feeding them upon the milk or flesh of animals known to have the trembles.

The question of its primary origin, is one which has an important bearing upon the pathology of this disease in the human species.

By some writers this disease has been divided into acute and chronic. But as this difference is one which is dependent rather upon the degree of development than upon any difference in the nature of the affection, we think its phases were better described as the latent, and active or acute stages of development, since it frequently subsides without ever having arrived at what is known as the active or acute form of the disease.

Symptoms—The first symptoms that are usually noticed, are feelings of lassitude, fatigue, stiffness of the joints after exercise, and often extreme muscular debility. This state of feebleness and want of tone in the muscular system may continue for some days or even weeks, and possibly pass off without any more serious manifestation of disease. But the more ordinary course of the disease, is, that the patient is attacked with an unusual degree of prostration; nausea and vomiting ensue; the temperature of the body is reduced, but without the ordinary sensation or appearance of chill; the patient now complains of

a burning sensation in the epigastrium, with an insatiable desire for cool drinks, though the tongue is loose, flabby, and generally covered with a creamy-looking coat; the breath becomes exceedingly offensive, the peculiar fetor of which is as characteristic of this disease, as is the mercurial fetor of salivation; the face and lips become suffused, and the whole surface of the body, though cold, instead of being pale and shriveled, is quite as full as in health, and of a leaden hue, indicating an engorged state of the capillary and cutaneous vessels. The retching and vomiting still continue, the patient becomes exceedingly dull and stupid, as if laboring under the nauseating influence of tobacco or some narcotic poison. On examination, we find the respiration slow and peculiar; the pulse full, slow, soft, and compressible; the heart and large arteries throb violently, and the bowels obstinately costive.

These symptoms, the most distressing of which are the constant efforts at emesis, may continue for two or three days; and, if not relieved by the timely administration of the proper remedies, the patient becomes more dull, the epigastrium tender, the powers of locomotion are entirely arrested; all voluntary control of the muscular system is either lost or so diminished that the patient cannot be made even to protrude his tongue for examination, or if, by an extraordinary effort, he is made to do so, he has not the energy or ability to retract it, but lets it settle back by a kind of involuntary contraction; the contractions of the heart have now become very slow and feeble; the pulsations in the extremities imperceptible; the patient becomes comatose, and at length the vital energies are entirely overwhelmed and death supervenes.

Such are the ordinary symptoms and course of fatal cases of this disease. Though it may be, and frequently is, complicated with the autumnal fevers, there are usually present enough of its characteristic symptoms to make it of easy diagnosis.

Pathology.—Up to the present time, the *materies morbi* in question has not been identified by any investigations that have been instituted; it, therefore, remains for us to arrive at a knowledge of its properties by noticing its physiological effects

upon the human system. That this poisonous principle is primarily of vegetable origin, which, being ingested by the graminivera, is taken up by the lacteals and excreted with the milk, is at least a very probable proposition, and one in support of which many strong arguments can be adduced. A careful observation of the phenomena to which it gives rise, has led us to the conviction that its properties are those of a vegetable alkaloid, and not those of an animal poison, as is the received opinion. Whilst it is characteristic of the animal poisons generally to produce a dissolution of the blood and disorganization of the tissues, we have in this disease what seems to us a very different pathological condition.

It is a well-known fact, that poisons act very differently upon the human constitution, and that upon the peculiar and specific character of each depends not only its general but even its local effects — the malignant pustule producing speedy dissolution of the blood and tissues generally, whilst the poison of variola affects chiefly the dermoid structure. So with the vegetable poisons, whilst opium and its salts affect the cerebral functions, and strychnia the muscular, we see that the veratrum viride acts almost specifically upon the circulatory system, between the effects of which and the agent in question a striking analogy will be found to exist. This deleterious agent, when taken into the stomach, doubtless enters directly into the circulation, and by this means is made to bathe the extreme nervous fibrilla of every organ and tissue of the body, the primary physiological effect of which is, a diminution of the vital properties of the organic nervous system. Being thus rendered incapable of receiving and responding to the impressions of its natural stimulus, the blood, the chemico-vital changes in all of the organs are greatly diminished, and in some of them entirely suspended. Of these functional derangements, those of secretion and excretion are the most manifest.

By carefully observing the pathological conditions as they occur, we find, *First*, a diminished impetus in the systemic circulation; a congestion of the capillary vessels; deficient oxydation and de-carbonization of the blood, with diminished temperature, and an almost entire suspension of the mucous,

cutaneous, biliary, and renal secretions. Though the metamorphoses of tissues are retarded, they of course continue while life lasts. Under this condition of things, therefore, we must of necessity have an accumulation of effete and excrementitious matter in the system, such as carbonic acid, biliary matter, urea, and other products of disintegration, which will of themselves, if not speedily removed, tend rapidly to overwhelm the already prostrate vital energies.

Having thus seen how it is that the organs are deprived of every necessary condition for the performance of their normal functions, we are prepared by this reasoning, *a posteriori*, to arrive at a knowledge of the cause as well as the true nature of the whole category of symptoms which characterize this disease. The points we would make, then, are:—

First—That this deleterious agent is possessed of a peculiar sedative quality, by which it diminishes the inherent tone and susceptibility of the organic nervous system in such a way as to impair the tonic-resisting energy of the whole capillary system, thereby inducing that *ensemble* of morbid phenomena above enumerated.

Secondly—That the lassitude, diminished temperature, nausea, vomiting, costiveness, fetid breath, suspended secretions, loss of muscular power, stupor, coma, and death, result not so much from any specific influence of the poison itself, as from the pathological conditions primarily induced.

In the treatment of this disease, there are two prominent indications:—*First*, to relieve the urgent symptoms; and, *Secondly*, to deplete the system of all offending matter. In the fulfilment of the first indication, which is to relieve the retching and vomiting, which is so constant and distressing, recourse may be had to the use of contra-irritation upon the epigastrium, and along the course of the spinal column. For this purpose the use of sinapisms, alternated with hot turpentine lotions, are probably the most efficient; they will usually be sufficient to procure temporary relief, which is all that can be hoped for, until the fulfilment of the second indication. This will be most readily accomplished by restoring the functions of the alimentary canal. For this purpose we would use a powder composed as follows:—

R—Hyd. Chlor. Mite, gr.ij.
 Morph. Sul. gr.½.
 Pul. Camph. gr.ij.

Of these we would direct one to be taken every hour, to be followed by the use of small lumps of ice, to be swallowed after each powder. This treatment to be persevered in for twelve or even fifteen hours, after which we would direct the free exhibition of the common Seidlitz powders, to be accompanied by the use of warm stimulating enemata, and fomentations to the bowels. By this means a free evacuation of the bowels can usually be procured in from twenty-four to thirty-six hours. Should the accomplishment of this object be attempted more speedily by the use of more cogent and drastic cathartics, as is the practice of many, it is not likely to be successful; or, if so, it is almost invariably followed by the development of acute or sub-acute gastro-enteritis.

Having procured a free evacuation of the bowels, the functions of the skin and kidneys may be promoted by the use of the spts. nitri, or spts. nitri dul. with an equal quantity of the tinc. opii. camph. These being established, we would favor the elimination of excretable materials by the use of the chlorate of potassa, and such other means as favor excretion and secretion. After which, much benefit will be derived by the exhibition of small doses of strychnia, in combination with some of the vegetable tonics, for the purpose of increasing the muscular energy of the system and thereby favor a speedy convalescence.

I have thus presented a few thoughts, drawn from actual observation at the bedside—and though it may be but a dim vision of the true light, my highest ambition in this investigation has been to arrive at the knowledge of the truth.

ARTICLE II.—*Report on the Meteorological Changes and More Important Diseases Prevalent in Chicago during the Summer of 1856.* By N. S. DAVIS, M.D. &c.

[Continued from the November Number.]

FEVERS.

So far as my observation extended, very few attacks of fever of any variety occurred during the months of April, May, and

June, 1856. From the last week in the latter month, however, I began to meet more frequently with cases of simple remittent fever, and they continued to increase in number up to the end of July. From the 15th to the 31st of the latter month, I find recorded thirty cases of this variety of fever. Most of these were mild, uncomplicated, and required nothing peculiar in their treatment. In five or six cases, occurring during the latter part of July, quinine in anti-periodic doses was not well borne, producing much cerebral disorder, and failing to fully cut short the febrile exacerbations. In all such, recourse was had to the ext. of cornus Florida with prompt success. I usually exhibited the extract in the form of pill, as follows, viz:

R—Ext. Cornus Florida, . . . 3j.

Ext. Hyosciamus, . . . ʒj.

Mix. Divide into twenty pills.

Give one every four hours until the exacerbations cease, and then only three times a-day until convalescence is fully established.

When the case was complicated with irritability of the mucous membrane of the intestines, from half a grain to one grain of opium was substituted for the hyosciamus in the pill. On the other hand, when the bowels were inactive, the secretions deficient, and the tongue covered with a thick coat, the ext. of cornus Florida was combined with a grain each of ext. of colocynth and blue mass, until a more healthy secretory action was established.

On the 2d day of August I was called to three cases of fever, presenting more or less resemblance to scarlatina. They were in children, varying from five to twelve years of age, and residing in the north-western part of the city. The symptoms were, a hot and dry skin, rapid pulse, much thirst, a whitish coat upon the tongue, urine scanty, bowels not disturbed, the glands of the neck near the angle of the jaws much swollen, and the fauces slightly red and tender. The greater part of the cutaneous surface was covered with a fine red rash. The rash, however, was more distinctly papular, and accompanied by less diffused general redness than in ordinary scarlatina: it was more irregular, also, in the time of its appearance. In two

of the cases it was observed, on the first day, that the patients complained of being sick, while in the other it did not appear until the fourth day.

Under the influence of a mild alterative and diaphoretic treatment, with the external application of an infusion of aconite leaves and muriate of ammonia to the swollen glands, two of these patients rapidly recovered. The third continued to have some fever for two weeks, and the swollen glands continued large and indurated for twice that time.

During the first ten days of August I saw several other cases similar to the three just described. Some of them occurred in subjects who had previously had scarlet fever. This fact, together with the miliary appearance of the eruption and the irregularity as to the time of its development on the skin, led me to regard these cases as mild typhus accompanied by more than the usual amount of eruption, rather than true scarlatina.

At the same time that these eruptive cases were observed, chiefly in young subjects, a change began to be apparent in the character of nearly all the cases of fever that came under my observation. Those which had begun with distinct paroxysms of remittent fever, if not arrested during the first three or four days, very generally put on the symptoms of the typhoid or typhus varieties.

The number of attacks of continued fever increased slowly through the whole month of August, while those of a true periodical or malarious character almost entirely ceased to recur.

During the whole month of September, continued fever was emphatically the *prevailing* disease in the city, the most malignant and fatal cases occurring between the 15th and 30th of that month. Since the 1st of October the disease has rapidly diminished, both in the frequency and severity of the attacks.

If my own observations were correct, the continued forms of fever did not prevail equally in all parts of the city at the same time. They were decidedly the most prevalent in the West Division during the last half of August, but they did not reach their greatest prevalence in the South Division until after the middle of September. I have no means of ascertaining the

whole number of attacks during the season, and consequently could not give the ratio of mortality. The number of deaths from these forms of fever, as reported by the City Sexton, were as follows, viz.:—

January, 1856,.....	2
February,.....	5
March,.....	2
April,.....	3
May,.....	2
June,.....	1
July,.....	4
August,.....	12
September,.....	25
October,.....	23
November,.....	14

These figures cannot be relied on as absolutely correct, but they are sufficiently so for practical purposes. More deaths, however, are included in the month of October than belong properly to it, because a number of cases beginning in September did not terminate fatally until the first and second weeks of October, when new attacks had become less frequent. A large majority of those attacked were in the middle period of life, and residents of the city less than eighteen months. But no age or period of life was wholly exempt, and several of the most severe cases occurred in persons who had been constant residents for several years. In most cases, the first or forming stage was protracted through from four to six days, during which the patients complained of lassitude, a sense of weariness, dulness and lightness in the head, sometimes pains in the back and limbs, with slight alternations of heat and cold. During the month of August most of the cases presented even in the forming stage more or less disturbance of the alimentary canal, such as a sense of fulness, rumbling of gases, occasional slight pains, and from one to three or four thin fecal discharges every twenty-four hours. These cases, when fully developed, presented all the phenomena and tendencies of ordinary enteric typhoid fever.

So early, however, as the first week in August, and coincident with the cases of miliary fever already alluded to, a few

cases of continued fever were observed without any enteric disturbance, but with all the marks of genuine typhus. The forming stage was protracted generally, and characterized by aching pains in the head, back, and limbs; either a normal or slightly inactive state of the bowels; loss of appetite; tongue covered with a dirty white coat, and mouth often tasting bitter with unnatural dryness; skin dry and harsh; the sleep at night disturbed and unrefreshing; and the mind dull and desponding. After these symptoms had continued from two to five or six days, decided rigors or chilliness would supervene, followed by decided increase of pain in the head and back, often accompanied by a sense of giddiness or confusion, especially when in the upright posture; a frequent, quick, but compressible pulse; hot and dry skin; dryness of the mouth, with thirst; a slight sense of soreness, with redness of the fauces, and an occasional cough, with a feeling of fulness or oppression in the chest; a moderate degree of redness or suffusion of the face, coupled with a watery appearance of the eyes and a dull or gloomy expression of countenance; and mental torpor or drowsiness, with entire inability to procure refreshing sleep. Though the bowels were in most of these cases normal or slightly constipated during the first few days, they were generally easily acted upon by medicine possessing cathartic properties, and sometimes to an inordinate degree. When not materially modified by treatment, this class of cases pursued a pretty uniform course. The pulse remained frequent, moderately full, but soft; the skin more dry; the countenance more dull, and suffused with a deeper or darker redness; the tongue covered, particularly along the middle, with a thick reddish-brown and dry coat; the respiration shorter than natural, the inflation of the lungs incomplete, and the cough, though not frequent or much noticed by the patient, yet generally harsh and accompanied by only slight expectoration. If resort was had to physical exploration, very few cases were found to reach the end of the first week after the patient took to his bed, without presenting increased dulness over the inferior and posterior portions of one or both lungs, with great feebleness or entire suppression of the respiratory murmur, and more or less sub-

mucous rhoncus in the same regions, while over the upper and anterior part of the chest the dry bronchial rales were prominently developed, and in many cases persistent throughout the whole course of the disease. In the meantime the mind grew daily more dull and disposed to incoherence or low delirium, especially during the night. If the disease was still unmodified by treatment, all the symptoms slowly but steadily increased; and, at the end of the second, or during the third week, the mouth and tongue were seen to be entirely dry, the latter difficult of protrusion and more or less tremulous; the lips dry and of a purplish red color, the upper one retracted, leaving the upper teeth exposed and covered with brown sordes; the face in some was still flushed with a dark livid redness, in others it presented a dingy or ashy paleness; the mind almost constantly somnolent, or in a state of low, wandering delirium, though capable of being roused so as to answer questions correctly; the voice was gruff and altered, the speech slow and hesitating, the patient sometimes becoming lost and stopping in the middle of a sentence; the deglutition awkward and sometimes gurgling; the hearing obtuse; the action of the voluntary muscles slow and unsteady, with more or less subsultus tendinum; the urine in most cases scanty and high colored, though in some it was filled with a whitish deposit, yielding a strongly offensive or ammoniacal smell, and in a few instances it was retained in the bladder until removed by the catheter. In one unusually protracted and severe case I was obliged to use the catheter daily for more than a week. The bowels in most cases remained quiet unless disturbed by medicine; but mild cathartics almost always acted promptly, and were generally followed by a looseness amounting to three or four thin and brownish stools daily, for two or three days, or until checked by anodynes, and the abdomen was moderately full, but seldom very tympanitic. The state of the abdomen, however, varied very much in different cases. In almost every case that came under my care, in which active cathartics had been given in the early stage, the abdomen became more tympanitic as the disease advanced; the bowels decidedly loose, and the tongue unnaturally red and dry. In most cases the stomach was quiet and retentive throughout

the whole course of the disease; but in a few it was sufficiently irritable to cause the prompt rejection of food and drinks unless taken in very small quantities. In a small number of cases that came under my observation, a very troublesome disposition to vomit came on in the advanced stage of the disease; the matter ejected being chiefly a thin serous fluid, more or less green or bluish in color. This was not only a troublesome symptom of itself, but it was almost always accompanied by a dangerous degree of prostration.

In this advanced stage, the indications of engorgement and obstruction of the lungs became plainer and of more serious import. The lateral and posterior parts of the chest were found more dull on percussion, and in the same regions the respiratory murmur was superseded by a sub-mucous or sub-crepitant rale, and at some points almost entire silence existed. The expansion of the chest was feeble and imperfect, often very unequal on the two sides. The cough continued deep and severe, but not of frequent recurrence; and in most cases the expectoration remained scanty and composed of a tenacious, whitish, or dirty-white mucous.

In these cases the patients rarely complained of either pain or soreness in the chest; and, aside from the occasional annoyance which the cough gave them, they seemed unconscious of any serious difficulty with the respiratory organs. In a smaller number of cases, however, the symptoms and signs were such as to indicate the existence of more decided pneumonic inflammation. The patient, if not too somnolent or delirious, complained of some pain, a sense of oppression and soreness in the mammary, and some times as high up as the infra-clavicular, regions. The cough was more frequent, and accompanied by more or less bloody expectoration, generally of a dark red color. Dulness, on percussion, was found higher up, and more anteriorly than in the cases of simple pulmonary engorgement. Auscultation easily detected the existence of a sub-crepitant rale in some places; a mingling of moist and dry rales in others, with increased vibration of voice or diffused bronchophony.

In two protracted cases that came under my care in the

fourth week of their progress, the patients presented, in addition to the preceding symptoms of extensive pulmonary engorgement or partial hepatization, a very deep yellow or jaundiced hue of the conjunctiva and whole cutaneous surface, with a free expectoration of a bright orange-yellow color.

In a large proportion of the fatal cases of typhus or typhoid fever, which have occurred during the past summer and autumn, the immediate cause of death has been the extent of the pulmonary lesions. In such, the fatal result was generally preceded one or two days by a dingy or leaden paleness of the countenance, a purple hue of the prolabia, a dull or lethargic condition of mind, a frequent and feeble pulse, more or less subsultus, some difficulty of deglutition, or rather each attempt to swallow produced a paroxysm of coughing, with a sense of partial strangulation and great weariness; the breathing short and noisy, from the rattling of mucous in the larger bronchial tubes; and the extremities cool, with much feebleness of capillary circulation in the cutaneous surface. In three cases that came under my observation, life was cut short by a rapid hemorrhagic infiltration of the lungs, causing the patient to commence suddenly the expectoration of large quantities of a thin, dark-colored, bloody mucus, which accumulated so much faster than they were able to expectorate it, that complete suffocation was induced in a few hours. One of these cases I saw in consultation with a neighboring physician only a few hours before the patient died. The attending physician assured me, that, though the patient had been laboring under the fever three or four weeks, he had not noticed evidences of any serious determination to the lungs until the last two days. The other two cases occurred in the Mercy Hospital, and were admitted too near the fatal result to obtain a reliable history of their preceding symptoms.

In the cases of continued fever, which occurred between the 20th of September and the 15th of October, there was noticed an unusual tendency to hemorrhage from the bowels, accompanied by sudden and dangerous prostration. During the time specified, I saw not less than eight cases which presented this symptom in a greater or less degree. Some of these were in

the Mercy Hospital, and others were merely seen in consultation with other physicians. The only case of this kind that proved fatal in my private practice was the following, which we give in detail:—

Mr. P. L. aged about fifty years, excessively fleshy, or of a strongly lymphatic temperament, and addicted to the free use of alcoholic beverages, called at my office on the 10th of October. On careful inquiry I learned that he had been several days complaining of pains in his head, back, and limbs, with the usual accompanying symptoms of fever. He had, on the 8th, taken some cathartic medicine, which operated quickly and excessively, procuring numerous thin serous evacuations. His face was deeply flushed; his lips dry and red; his tongue coated with a white fur and rather dry; his pulse one hundred and ten per minute, full, but soft; his skin dry and hot; and his breathing asthmatic. He complained of much thirst, a sense of fulness and rumbling of gases in his bowels, with too frequent and serous discharges; pains in his limbs; and a sense of lightness, giddiness, or confusion in his head. His sleep during the preceding night had been very unquiet, and his mind somewhat wandering. The chest was clear on percussion, but auscultation revealed a loud and dry ronchus over both sides, composed of a mingling of the sonorous and sibilant or hissing sounds, and indicating a dry and congested condition of the pulmonary mucous membrane.

I directed the patient to return home, and keep entirely quiet; and, as he had taken a mercurial cathartic which had operated excessively, leaving the bowels still irritable, I directed the following, viz.:—

R—Ol. Terebinth,	. . .	3ij.
Tinct. Opii,	. . .	3ij.
Pulv. G. Arabac,	} aa	3iij.
White Sugar,		
Rubbed thoroughly together and added.		
Mint Water,	. . .	3ij.

Of which he was to take one tea-spoonful every four hours.

To lessen the febrile excitement and promote a more free secretion from the pulmonary mucous membrane, I also directed the following, viz.:—

R—Hive Syrup, ʒj.
Tinct. Opii et Camph. . . . ʒjss.
Tinct. Verat. Viride, . . . ʒj.
Mix,

And give one tea-spoonful between each of the doses of emulsion.

On the 11th I visited the patient at his residence, nearly three miles distant. His face was less flushed, skin less hot and dry, his pulse about ninety per minute and soft, and he expressed himself as feeling much better. Still his breathing was oppressed, his lips a little purple, a strip on the middle of his tongue dry, and his abdomen was full and hard, though no alvine discharges had occurred since the preceding day. His hearing was obtuse, and his mind dull, with much wandering or delirium during the preceding night. Not wishing any further sedative influence from the veratrum, and fearing an increase of the pulmonary congestion from too long a suppression of the intestinal discharges, I directed both the prescriptions of the preceding day to be omitted, and in their place left three powders, each containing, calomel three grains, and bi-carb. of soda five grains, to be given at intervals of once in four hours, and if they failed to operate on the bowels, they were to be followed by a table-spoonful of castor oil and twenty drops of oil of turpentine. On the other hand, if the bowels should be moved too freely, the preceding emulsion of turpentine and laudanum was to be resumed, and repeated at intervals of every two hours until they were again quieted.

The next morning a messenger called, requesting me to visit the patient without delay. On my arrival, I found him presenting much the same symptoms and appearance as on the preceding day, except that his skin was covered with warm perspiration, his tongue more moist, and his pulse one hundred per minute and softer.

After he had taken two of the powders of calomel and soda, directed for him yesterday, and before the hour for taking the third, he had two copious evacuations from the bowels, consisting almost wholly of blood. I saw the last one, which consisted of nearly a quart of dark, grumous, and partially-coagulated

blood, without any intermixture of fæcal matter. On account of these discharges, the third powder was not given, but in its place the patient had taken a tea-spoonful of the emulsion of oil of turpentine and laudanum every two hours.

Though the hemorrhage was now apparently checked, yet the relaxed and moist skin, the moist tongue, the purplish hue of the prolabia, the dulness of intellect and special senses, with a continuance of the tumid and tympanitic state of the abdomen, all indicated a condition favorable to a recurrence of the hemorrhage. Hence I directed a continuance of the emulsion every four hours, and a powder consisting of, tanate of quinine five grains, and pulv. opii one grain, half-way between.

On the 13th, I found the patient with the skin and tongue dryer; the mental wandering and dulness of hearing somewhat increased; the breathing constricted and heavy; and the abdomen more full and tense than on the preceding day. There had been no evacuations of any kind from the bowels, and only a scanty secretion of urine. I now directed the exhibition of half an ounce of castor oil, with half a drachm of oil of turpentine and eight drops of laudanum. The same to be repeated in four hours, if the first did not operate. On the other hand, if it should operate too freely, the emulsion and the powders of quinine and opium were to be resumed, and aided, if necessary, by an anodyne and astringent enema.

On the 14th, I found the patient improved in every respect, except the dulness of intellect and disposition to low, wandering delirium. The oil had procured three large evacuations, consisting of dark-colored, semi-fluid, and offensive fæcal matter, without any intermixture of blood. I directed the emulsion of turpentine and laudanum to be continued every four hours, alternated with a powder composed of, sulph. quinine two grains, pulv. gum camphor two grains, pulv. opium one grain, mixed; and beef-tea for nourishment.

The patient continued comparatively comfortable, without any intestinal evacuations, and but little symptoms of fever, until about noon of the 15th, when he was again suddenly affected with a return of the hemorrhage. I saw him about four hours later, at which time he had had three or four copious

discharges, consisting entirely of dark blood, and was much prostrated. Stimulants, coupled with anodynes and strong astringents, were promptly administered, both by the mouth and the rectum, but without arresting the hemorrhage, and the patient died during the succeeding night.

Another very unpleasant complication, which I saw in six of the cases of continued fever that came under my care during the past autumn, consisted of a peculiar inflammation and swelling of the parotid gland and adjacent cellular tissue. Four out of the six occurred in patients in the Mercy Hospital. This affection does not generally make its appearance until the end of the second, or during the third week of the fever. In one of the patients just alluded to, however, the parts under the ear and behind the angle of the jaw began rapidly to swell on the sixth day after the development of the fever. In this case, as in several others that came under my observation during the summer, the first onset or development of the fever was accompanied by a severe sense of soreness in the fauces, rendering the deglutition both difficult and painful. On examination, the whole fauces were seen to be very red, and the tonsils moderately swollen. The patient complained of pains in the head and limbs, with a hot and dry skin; a white coat on the tongue; and a pulse moderately full, and one hundred and ten per minute. A strong solution of the nitrate of silver was applied to the fauces with a sponge, and afterwards a gargle of chloride of zinc, one grain to the ounce of water. Internally, he took a powder every four hours, consisting of, pulv. Doveri six grains, sub-murias hydrarg. two grains, and pulv. nitrate of potassa five grains; with a tea-spoonful of spirits of nitre dulcis between. At the end of twenty-four hours after the commencement of the treatment, his bowels were opened by castor oil, after which he was directed to take a tea-spoonful of an expectorant mixture, consisting of hive syrup, tinct. blood-root, and camph. tinct. of opium.

But, feeling his throat some better, very unexpectedly and injudiciously left the hospital. At the end of three days he was brought back with an increased soreness of his fauces; a dark red flush on the face; a hot and dry skin; pulse one hun-

dred and twenty per minute, and small; a frequent and harsh cough; a loud and dry bronchial ronchus over the upper part of both sides of the chest; tongue covered with a brown coat, dry in the middle; bowels moderately loose; and a swelling of the parotid gland, with all the adjacent tissues, on the right side of the neck, extending from the ear behind the angle of the jaw down nearly to the middle line under the chin. The swelling was most prominent over the parotid gland, exhibiting an undue degree of redness, and very hard to the touch. Within forty-eight hours from this second admission, the same kind of swelling of the parotid gland of the left side also occurred and increased rapidly, rendering the patient incapable of separating his jaws or receiving anything into his mouth without great difficulty.

On the fourth day it was evident, from the more purple color, the softer and more doughy feel of the tumor behind the angle of the jaw on the right side, that suppuration with gangrene of the cellular tissue had commenced. The patient also began to exhibit signs of greater prostration. His skin was cool; his pulse one hundred and thirty per minute, and small; his hearing obtuse; his mind wandering; his voluntary muscles unsteady and trembling; with four or five thin and brown fecal discharges within the twenty-four hours. From this time the patient continued to sink rapidly, and died on the seventh or eighth day after the second admission.

The other five cases in which this peculiar swelling of the parotids occurred, recovered; but not without a protracted convalescence.

Careful examination was made in nearly all the cases of continued fever that came under my care, concerning the appearance of cutaneous eruptions. In about one-third of the cases, a fine red rash was observed on the chest and abdomen during the second week of the fever. In a few instances the rash was copious, and extended to the neck and arms: in others, it was so slight as to be easily overlooked. A few *rose-colored* spots were seen on the abdomen of three enteric cases that came under my care early in August.

The most striking peculiarities of the continued fevers of the

past summer and autumn, were the extreme frequency of pulmonary complications, and the predominance of the symptoms of typhus as distinguished from the enteric typhoid fever. The first of these peculiarities will be strikingly shown by the following figures, viz.:—During the four months of August, September, October, and November, there came under my care, in private practice, sixty cases of typhoid and typhus fevers, thirty-eight of which presented well-marked indications of either congestion or inflammation in one or both lungs. During the three months ending with the 30th of November, there were admitted into the medical wards of the Mercy Hospital forty-six cases of typhoid and typhus fevers, viz., in September twenty-five, October twelve, and November nine. Of these cases twenty-nine presented all the signs, physical and rational, of engorgement or inflammation of the lower and posterior parts of both lungs, and five others of only one lung, making a total of thirty-four out of forty-six cases. This feature of these fevers was doubtless owing to the unusually low temperature of July, August, and September, as described in the first part of this report.

Notwithstanding the peculiarities just alluded to, the fevers of the past summer do not appear to have presented a high ratio of mortality. Thus, of the whole number of cases occurring in my private practice, not including those merely visited in consultation with other physicians, four proved fatal, being in the ratio of one in fifteen. Of the forty-six admitted into the Mercy Hospital during the three months previously named, seven died, viz.:—Two during the first day after admission, one the second, one the third, one the fourth, one the fifteenth, and one the nineteenth. It is thus seen that five out of these seven fatal cases were admitted with the disease already so far advanced as to afford little or no opportunity for the application of remedial measures. One of the fatal cases which occurred in private practice has already been given in detail. Another was a most estimable lady, aged about thirty years, who had resided several years in the city, and who was attacked severely with symptoms of typhus about the middle of September. From the first, her pulse was between one hundred and

ten and one hundred and twenty per minute, and small; and she constantly complained of a peculiar sense of distress and oppression in the region covered by the lower half of the sternum. At first, her fever was paroxysmal, presenting so distinct a remission each morning, that, after having given alteratives and diaphoretics for one or two days, I gave her efficient anti-periodic doses of quinine each morning, for two successive mornings, but without any beneficial effect. She was then kept on a mild sedative and diaphoretic course of treatment, under which she gradually improved, until, at the end of the second week, her pulse was not more than eighty-five per minute, skin soft and normal in temperature, tongue clean and moist, and a slight return of appetite. Still she complained of an unusual sense of weakness or bad feeling behind the lower part of the sternum. At this stage of her progress, she was attacked with a severe gangrenous inflammation within the mouth. It was developed so suddenly, that, during a single night, the part of the cheek opposite the junction of the two maxillary bones, and that covering the ramus of the lower jaw, became so tumefied as to present in the morning a swollen and peculiar shining aspect externally. At the same time the inside of the cheek was much tumefied, of an ash-grey color, and the patient unable to open the jaws sufficiently to allow an examination of the fauces. The disease was limited exclusively to the back part of one cheek and the junction of the jaws: all the rest of the mouth and gums appeared perfectly healthy. Within twenty-four hours after the first appearance of disease in the cheek, the inner surface became entirely gangrenous and of a brown color. By a judicious use of tonics the gangrene soon ceased to spread—but the dead separated from the living parts very slowly, keeping the breath constantly impregnated with a putrid odor, which the most faithful application of disinfectants could only partially remedy. Still the patient continued to progress favorably for six days, when there occurred during the night copious showers, with unusually loud peals of thunder. The effect of this terrific thunder was very perceptible on several patients. On the lady in question, it produced much nervous excitement, coupled with partial delirium; a pulse of one hundred and thirty

per minute, small and feeble; and two copious alvine evacuations, one of which was only partially under the patient's control. Although the tendency to diarrhœa was speedily checked by the emulsion of turpentine and laudanum, and the nervous excitement overcome by camphor and hyosciamus, yet her pulse continued feeble, the face pale, and the extremities cool. At the end of forty-eight hours the external swelling on the side of the face extended farther down upon the side of the neck; the skin over the part originally attacked became of a purplish color; the deglutition more difficult, and more constant sub-sultus tendinum. It was evident that the gangrenous affection had been renewed, and extended to the tonsil and side of the throat. Under the influence of strong stimulants and tonics she continued to live four days longer. She died on the twentieth day from the commencement of the disease.

The remaining two fatal cases which occurred in private practice, belonged to the poorer classes, and had been almost entirely neglected during the first two weeks of the fever. They both died from extensive engorgement of the lungs, accompanied by excessive intestinal discharges; the latter having been induced by the injudicious use of active physic.

To enter upon the details of the treatment adopted in the different cases and stages of continued fever during the past season, would extend the report much beyond its appropriate length. When called soon after the patient had been compelled to take his bed, and finding the pulse over one hundred per minute, and moderately full; the skin dry and hot; the face suffused with redness; and the tongue covered with a white or slightly-brownish coat, but without any special tendency to diarrhœa or pulmonary engorgement, I generally prescribed a powder consisting of, sub-murias hydrarg. two grains, pulv. Doveri five grains, every four hours, with a tea-spoonful of the following mixture between, viz:—

R—Spts. Nit. Dulc.	.	3j.
Tinct. Opii et Camph.	.	3j.
Tinct. Verat. Viride,	.	3j.
Mixed.		

The dryness and heat of the skin was much diminished also by

frequent bathing or sponging over the surface with cold water, and the application of cold cloths to the head. These remedies, continued from twenty-four to thirty-six hours, generally reduced the pulse below ninety per minute, and caused a decided diminution of all the febrile symptoms. When this occurred without any action on the bowels, the remedies were suspended long enough to procure two or three evacuations by means of castor oil, or the Rochelle salts given with the effervescing draught. The veratrum mixture was then resumed, but in rather smaller doses, and only one powder of calomel and Dover's powder given in the evening. By these means alone convalescence was established in several apparently severe cases before the end of the first week after commencing the treatment. In many other cases, however, the alterative powders, alternated with the veratrum mixture, not only reduced the pulse and abated all the other febrile symptoms, but before the end of the twenty-four or thirty-six hours they induced copious thin evacuations from the bowels, sometimes coupled with vomiting. In such cases these remedies were immediately suspended, and the excessive irritation of the stomach and bowels allayed by anodynes, coupled with such medicines as are calculated to restore a more healthy action in the mucous membranes. One of the best combinations for this purpose, especially when the stomach is much nauseated, is the following, viz.:

R—Sulphas Magnesia,	3ij.
Tinct. Opii,	3ij.
Aromat. Sulph. Acid,	3ij.
Water,	3ij.

Mix,

And give a tea-spoonful every two or three hours, diluted with water.

In one severe case of fever, the exhibition of the small doses of calomel and Dover's powder, alternated with the veratrum, was followed, at the end of twenty-four hours, by excessive nausea and frequent liquid discharges from the bowels. I then directed for the patient the following, which, taken in doses of a tea-spoonful every two hours, quickly checked the discharges, and an early convalescence was established, viz.:

R—Acetas Plumbi, ℥j.
 Acetas Morph. 2grs.
 Water, 3ij.
 Mix.

In those cases in which diarrhoea alone supervened, without disturbance of the stomach, I very generally resorted to either the nitrate of silver and opium, or the emulsion of oil of turpentine and laudanum, and with prompt benefit. The formula for the latter has already been given in another part of this report; and the former was usually proportioned as follows, viz:—

R—Nitrus Argenti, 7grs.
 Pulv. Opii, 20grs.

Mix very thoroughly, and divide into twenty pills, one of which may be taken every three, four, or six hours.

I have very rarely met with a case of the enteric variety of typhoid or continued fever, during the first three weeks of its progress, that was not controlled by a judicious and steady use of the foregoing remedies, aided by occasional diuretics, such as the spirits of nitre dulcis and acetate of ammonia; the frequent sponging of the cutaneous surface with cold or tepid water, according to the degree of febrile heat; and the pretty free use of beef-tea or other animal broth, well salted, and sweet milk boiled with wheat-flour, for nourishment.

In the hospital, where we frequently have cases brought in from the poorer classes, in the second and third weeks after the commencement of the fever, with the tongue red at the edges and tip, the middle covered with a dry and brown coat, the whole mouth dry; the mind dull and wandering; the pulse from one hundred to one hundred and twenty; skin dry and harsh; the abdomen tympanitic, and from three to six copious and thin brownish discharges from the bowels every twenty-four hours, I often am obliged to give a tea-spoonful of the emulsion of oil of turpentine and laudanum every three or four hours, with a pill of the nitrate of silver and opium between, and continue them three or four days before the abdominal symptoms are relieved—as indicated by the more moist tongue; the less distended and tympanitic condition of the abdomen; the less frequent and more natural appearance of the dis-

charges; and the improved sensibility of the patient. When these changes had taken place, it was sufficient to continue either one of these remedies, at intervals of four or six hours, until the alvine discharges became entirely natural in consistence and frequency. In several patients, who had become much debilitated, after the tongue and mouth had lost their dryness, it was found useful to add two grains of the tanate of quinine to each dose of the turpentine and laudanum emulsion.

But, as already stated, a large proportion of the cases of continued fever that occurred during the past year, presented, sooner or later, symptoms of pulmonary inflammation or engorgement sufficient to require marked variations in the treatment. When such complications existed in the early stage of the disease, indicated by a mixture of dry bronchial ronchi with a crepitant or sub-crepitant rale, and some dulness on percussion, I generally commenced the treatment with the following, viz.:—

R—Hive Syrup,	3j.
Tinct. Opii et Camph.	3jss.
Tinct. Verat. Viride,	3j.
Mix,	

And give one tea-spoonful every four hours; also, half-way between these doses, a powder composed of, calomel two grains, and Dover's powder five grains. After the continuance of these remedies twenty-four hours, if no evacuations from the bowels had occurred, the powders were suspended, and a table-spoonful of castor-oil administered. More frequently, however, the bowels were evacuated without the oil, and sometimes too freely; and the patients were found, at the end of the twenty-four or thirty-six hours, with less heat and more moisture of the skin; less dry rales in the chest, and a slower, softer pulse. When this was the case, the veratrum was left out of the cough mixture and the other ingredients continued in the same dose, and at the same intervals as before, while between the doses was given the following, viz.:—

R—Sub-Murias Hydrarg.	2grs.
Pulv. Opii,	1gr.
Pulv. Antimonialis,	1gr.
Mix one dose.	

If, by continuing these remedies from one to two days, the dry rales entirely disappeared, the cough became less frequent, and the expectoration more free; and especially if the skin and tongue became quite moist, with more feebleness of pulse, and feelings of prostration, a more supporting plan of treatment was resorted to, as follows:—

R—Hive Syrup,	3j.
Tinct. Bloodroot,	3ss.
Tinct. Opii et Camph.	3jss.
Mix,	

And give one tea-spoonful every four hours, alternated with a powder of, sulph. quinine two grains, pulv. bloodroot half a grain, pulv. Doveri six grains, mixed. If dulness on percussion remained, as was often the case, especially over the lower and posterior portions of the lungs, blisters were now applied and with much benefit. Most of the cases met with would convalesce under the foregoing treatment in from one to two weeks. But some cases were met with, in which the general febrile symptoms subsided in about the usual length of time; the skin became cool, soft, and moist; the tongue clean and moist; the appetite improved, and the bowels regular; but the pulse remained more frequent than normal and feeble; the respiration feeble and incomplete, with occasional paroxysms of coughing; and considerable dulness on percussion over the middle and lower portions of one or both lungs. The patients gained strength very slowly. The difficulty seemed to be, that the texture of those portions of the pulmonary tissue which had been the seat of engorgement, had become so much impaired as to regain its elasticity with great difficulty. In such instances much advantage was derived from giving, instead of the ordinary cough mixture, a solution of muriate of ammonia, according to the following formula:—

R—Muriate of Ammonia,	3ij.
Ext. Liquorice,	3ss.
Boiling Water,	1 pint.

Of which one table-spoonful was given every three or four hours; and the powder of bloodroot, quinine, and opium, continued three times a-day.

In a number of cases, more particularly those which were brought under treatment in the advanced stage of the disease, well marked enteric symptoms existed coincidently with those of severe pulmonary congestion. In such, recourse was had to the terebinthinate emulsion, or the nitrate of silver and opium, in addition to the foregoing remedies. When, during the progress of the disease, a low, wandering delirium came on with some *subsultus*, it was diminished and more rest procured by giving each evening a pill of pulv. gum camphor and ext. of hyosciamus.

In four or five cases that came under my care in the second and third weeks of the disease, with extensive pulmonary engorgement, a rapid and compressible pulse, a leaden hue of the face, much restlessness, constant *subsultus* and delirium, great advantage was derived from the internal use of chloroform and nitrous ether. One of the most forbidding cases of this kind that I saw during the past season, was brought into the Mercy Hospital in the third week of the fever. His extremities were cold; pulse one hundred and forty per minute, and feeble; face bloated and of a leaden hue; tongue dry and brown; breathing short and very noisy, from the rattling of mucus in the larger bronchial tubes; the lateral parts of the chest very dull; extreme *subsultus tendinum* and constant delirium. I ordered for the patient a mixture of, chloroform $\mathfrak{z}\text{ij}$, nitrous ether $\mathfrak{z}\text{ij}$, of which a tea-spoonful or fluid drachm was given every hour, diluted with sugar and water; also a liberal quantity of beef-tea, well salted; and sinapisms to his extremities. The next day, finding the patient decidedly improved, the same chloroform mixture was continued at intervals of once in two hours, with a blister on the chest, and a powder of quinine, bloodroot, and Dover's powder, three times a-day. The patient continued to improve so satisfactorily that little else was given him, and he became entirely convalescent in about ten days after his admission into the hospital.

It was my intention to have included in this report some remarks in regard to dysentery; but the disease prevailed only to a very limited extent, and exhibited no peculiarities requiring special notice: consequently it shall be omitted, because

the report has already reached a much greater length than was originally assigned to it.

SELECTIONS.

Results of the Quantitative and Qualitative Analysis of Homœopathic Medical Preparations. By EDWARD H. PARKER, M.D. of New York City. Read before the New Hampshire State Medical Society. (From the Transactions.)

During the last two years my attention has been repeatedly called to the drugs used by gentlemen professing to practice medicine "Homœopathically." In consequence of my observations I determined, as opportunity offered, to obtain specimens of the remedies actually used by these practitioners, and sold by various pharmacutists, and to submit them to an experienced chemist for analysis. This has been done in three instances with the following results:—

The first analysis was made of the contents of two vials, marked respectively *Mercurius Solubilis*, and *Arsenicum*. This is their history:—

A gentleman with whom I had become acquainted in some business connections, often talked to me of his health, and of the treatment to which he was subjected by a prominent Homœopath of this city. Among other powders, he showed me some which he was taking, and which I was sure contained a notable quantity of nitrate of silver. He also praised the treatment to which his child was submitted, when it had a diarrhœa from teething or other cause. A gray powder and a white one were given alternately—and the child liked to take them. His wife kept them constantly by her, and if the child had a discharge from the bowels which she thought was a little too loose, she would give her a few doses of these powders. She thought, however, that the blackish powder (*merc. solub.*) did the most good. My friend constantly urged me to try them; for I think that because I did not rail at Homœopathy, but spoke of its practitioners as I would of other gentlemen, he had some hopes of converting me to his faith, than which I can conceive of no more preposterous supposition. Finally, I requested him to procure for me some of the same powders he was using for his child. This he did, and I placed them in the hands of Dr. Arthur Du Berceau, of this city, who is a skilful analytical chemist. This is his report:—

One hundred parts of white powder, marked *Arsenicum Alb.* contains 1.112 of *Arsenious Acid*; the remainder is cane sugar. The second, marked *Solubilis Mercury*, contains in one hundred parts 11.00 of *Metallic Mercury*; the remainder is cane sugar. The mercury was in the condition of black oxyd, obtained by the reaction of proto-nitrate of mercury and ammonia.

The mother, when told of the amount of mercury and arsenic which she had been giving to the child, was horrified, and has since used them less indiscriminately.

At my request the same friend purchased for me a case of medicines of a Homœopathic druggist. It is like those which he ordinarily sells for family use. This I also placed in the hands of Dr. Du Berceau, and he obtained the following results:

In the bottle marked Calc. Carb. one hundred parts of powder contain 1.066 Carbonate of Lime.

In the bottle marked Carb. Vegetabilis, one hundred parts of powder contain 0.500 fine Charcoal.

In the bottle marked Arsen. Alb. one hundred parts of powder contain 1.120 *Arsenious Acid*.

In the bottle marked Mercur. Solub. one hundred parts of powder contain 1.350 *Metallic Mercury*.

In the bottle marked Hepar Sulph. one hundred parts of powder contain 0.900 Sulphur.

In the bottle marked Stibium, one hundred parts of powder contain 0.500 Oxyd of Antimony.

In the bottle marked Sulphur, one hundred parts solution contain 0.100 Sulphur.

In the bottle marked Phosphorus, one hundred parts solution contain 0.430 Phosphorus.

The fluid contents of the vials in the case, with the exception of the last two in the preceding list, were not examined; partly because I wished to preserve them to satisfy the minds of those who might desire to see for themselves; and, partly, because it is so difficult to do anything more than to ascertain the quantity of solid matter which remains after evaporation of the menstruum. The qualitative analysis of organic substances is well known to be one of the most difficult and uncertain of the operations of the chemist. The sugar in these powders was that obtained from milk.

It will be observed, that in this instance the arsenic and soluble mercury are the strongest preparations, though the latter does not compare in its amount of metallic mercury with the proportion found in the first analysis. These two remedies seem to be great favorites with Homœopaths, being frequently prescribed by them. Why this is we now understand.

About the same time, I obtained a set of preparations which had been used by a physician who determined to try his hand at Homœopathy, and took advantage of the position which he occupied in one of the dispensaries of New York to make his experiments. After his resignation, the preparations which he had been using were left in the hands of the apothecary of the institution, and some of them were selected by me for analysis. They were purchased at a different shop from those which were before analyzed, and the direction given was, that, when about two-thirds of the vial in any bottle (they were all solutions) were used, the vial should be filled up with proof-spirits. This will, perhaps, account for some of the variations in the strength of the preparations. It was found that there was, of

Tincture of Silica, in one hundred parts 0.025 of Silica.

Tincture of Hepar Sulph. in one hundred parts 0.050 of Hepar Sulph.

Tincture of Baryta Carbonica, in one hundred parts 1.450 of Carbonate of Baryta.

Tincture of Calc. Carbonica, in one hundred parts 0.500 of Carb. of Lime.

Tincture of Arsenica, in one hundred parts 0.025 of Arsenious Acid.

Tincture of Carb. Vegetabilis, in one hundred parts 0.050 of Charcoal.

Tincture of Mercurius Solub. in one hundred parts 0.100 of Solub. Mercury.

Tincture of Lachesis, in one hundred parts 0.025 residue after evaporating the alcohol.

Tincture of Sepia, in one hundred parts 0.025 residue after evaporating the alcohol.

Some of these preparations, as the Baryta Carbonica, contained a thick sediment which carried up the per centage. The other preparations which were left were vegetable, and were therefore excluded from the analysis.

These are all the analyses which I have yet caused to be made, but they are somewhat instructive. The first two preparations were obtained by the direction of a homœopathic practitioner, and one of them, the *merc. sol.* is more than one-tenth pure mercury, the proportion of the oxyd being consequently somewhat greater. The "arsenicum" contains 1.112 parts of arsenious acid, while the usual form in which arsenic is given, viz., Fowler's Solution, contains one-half a grain to each fluid drachm, the dose for an adult being about ten drops.

The second analysis was of drugs sold for "family use," and it is observable that the *arsenicum* is even richer in arsenious

acid than the first. The *mercurius* has a much smaller portion of metallic mercury, and yet there is sufficient in it to produce all the effects of this metal when given in small doses. The tinctures accompanying the powders are, so near as I can tell by the ordinary modes of examination, of as great if not greater strength than the corresponding preparations used by physicians. Though contained in small ounce vials their color is marked—the *rus toxicodendron*, for instance, being of a deep olive color, as is also the tincture of *dulcamara*. *Ipecacuhana*, *aconite*, *arnica*, *cantharides*, all give tinctures of decided color in these small vials. The *aconite*, indeed, I have used for patients, and find that it produces the same results that ordinarily follow the use of the saturated tincture. Having occasion to use tincture of *chamomile*, I had some made by a druggist, and filled one of the vials with it. The color of the homœopathic preparation was quite as marked as the other. The tincture of *china*, which being translated means *cinchona*, is a good simple tincture of Peruvian bark.

The third set consists of much weaker preparations, and yet here it is noticeable that, excepting the carbonate of lime and the carbonate of baryta, *merc. solub.* stands highest in its portion.

If an average is made of the per centages of these three analyses, we shall have this result: for the first 6.056, for the second .745, for the third .250. In contrast with these figures others may be put, showing the per centage of the drug which is left in preparations made according to the directions of Hahnemann for potentizing medicines. The first dilution has in one hundred parts 1 part of the drug. The second dilution has in one hundred parts .01 part of the drug. The third has in every one hundred parts .0001 part of the drug. Beyond this it is not necessary to go; though every one remembers how much stress was and still is laid upon high potentizations, those who use the thirtieth dilution being considered very moderate. The two hundredth is much preferred by some, and yet the weakest preparation of these three classes, obtained from direct sources, is stronger than the second dilution.

It may be asked, how it is that such an abandonment of "potentization" should have occurred among Homœopathists themselves, for these drugs came from their pharmacentists, from the shops patronized by all the prominent men of that school in this city. The question can be answered only by referring to the positions which they now occupy. If these gentlemen are shown such proofs of the strength of these preparations as these analyses afford, or such as the very appear-

ance of their tinctures gives, they will not for a moment deny that we are correct, or that there is anything in this which is inconsistent with Homœopathy. They will say they are Homœopathists, but they are not Hahnemannists. O no! not they. How could one be so stupid as to make such a blunder. They believe in the doctrine, *similia similibus curantur*, but they do not find that potentization, as taught by Hahnemann, is borne out by experience. To be sure, this is no more than the whole medical profession has been saying ever since the absurd doctrine was propounded, and it is no more than common sense teaches; but if one suggests this to them, and congratulates them on their returning senses, he gets very little thanks for his trouble. The fact, however, of this entire change of position should be more generally known and appreciated by the profession than it is, so that we may not waste time in assailing a position which has been entirely abandoned. It is safe to attribute any supposed effect of a decillionth of a grain of charcoal to imagination, but it is not quite safe to attribute to the same influence the effects of five drops of saturated tincture of aconite. Under these circumstances it might happen that a Homœopath and a physician would both treat a patient in the same way, their only difference being in their process of reasoning. Both give quinine in intermittent fever; the Homœopath because, as he alleges, it will produce in a healthy person similar symptoms: the physician for the reason that he knows it usually cures the disease; not, as is slanderously reported, because he believes it will produce symptoms unlike intermittent fever. He is no allopath. It did in fact happen to a friend of mine to be asked to see a patient who was under the care of a Homœopath, not in consultation with him, but because he was desired to give his opinion whether or not it was safe to trust the patient still longer under the treatment. The disease was typhoid fever, and he found spiritus mindereri and all the usual remedies in ordinary doses, the patient doing very well. He could not but say to the attendant, "If this is Homœopathy, I am a Homœopath." To be sure the physician may write a prescription for *cinchona*, and the Homœopath may write one for *china*; or the one for *hydrargyri oxidi nigri*, and the other for *merc. solub.*; one for *antimony*, and the other for *stibium*, but both mean the same thing, and the patient will receive the same drug.

It is a question of practical interest to the profession to ascertain what there is of good, if any, in Homœopathy. Almost every "new school" enables us to gain some profitable suggestions, which repay the labor of sifting them out of a

large mass of chaff. The Hahnemannists have tried experiments in the treatment of diseases with nothing, which we should not have been justified in making, and they have thus taught us something in the natural history of disease. In their progress from infinitesimals to large doses, it has been necessary for them to conceal the change in their medicines, and therefore they have studied the art of giving medicines in the most agreeable, or in the least offensive form, and in this respect we can learn something from Homœopathy. The old school of practitioners, who, when called to a patient's house, seem to make it their first duty to fill it with eight-ounce vials, have not entirely passed away, neither have their abominably-tasting compounds entirely disappeared. Their big bottles, their table-spoonful doses, their nauseous mixtures, have driven and still do drive family after family to Homœopaths, simply because it is not human nature to desire to drink such a mixture as tincture of aloes and assafœtida with castor oil and turpentine in equal parts, a wine-glassful at a time, if almost tasteless water or a sweet powder will accomplish the same good. To doctors, even, when they fall sick, an agreeable draught is preferable to one the very thoughts of which stirs them to their lowest depths.

It is not necessary to point out the mode in which concentrated tinctures can be made to supply the place of less powerful preparations. Neither is it necessary to do more than hint at the frequent desirableness of giving small doses often, rather than a single large draught. A few drops of aconite tincture, in water, is vastly pleasanter than even spiritus mindereri or sweets spirits of nitre. The dose of Norwood's veratrum viride is much pleasanter than infusion or even tincture of digitalis.

But the lesson is more important with reference to powders. For adults, solid substances can usually be given in pill form—but there is no necessity of rolling them in powdered aloes. To this day I cannot rid myself of the remembrance of the disgust with which I used to swallow pills so coated, and with difficulty convince myself that the druggists now use only liquorice or more tasteless powders. Still, for these pills we need not select the most bulky drugs. The active principles of plants, when isolated, aid us in diminishing our pills, and will still more when their powders and properties are fully tested.

Children, however, do not readily swallow pills, and agreeable powders are often a great desideratum while treating them. A child's life may depend on his taking remedies willingly and without compulsion. Thorough trituration of the drug with sugar seems to accomplish this best, especially if (when it is

practicable) the doses are divided, but repeated oftener. The Homœopathic Dispensatories direct that powders should be placed upon the tongue and allowed to dissolve, when they are to be washed down with a good draught of water. There is some philosophy in this, for the dissolving sugar first gives the impression to the nerves of taste, and the water washes down the balance almost untasted. In the minds of children, moreover, the first taste seems associated with the fact of taking the powder, while the second and more disagreeable one is not remembered against the dosing. To avail one's self of this fact, it is necessary that the sugar should be reduced to an impalpable powder, otherwise the end is not obtained. If, for instance, ordinary crushed or granulated sugar is used, it will be found that it is not an actual powder, but a mass of more or less complete crystals. On mixing a powder with these, it either falls to the bottom, or, clinging to the crystals, coats them over. In this condition the sugar is less readily dissolved than when in powder, and, in addition, each crystal is covered on its outside with the drug, which is first dissolved and gives its taste to the whole mass. Here, then, is the advantage, and the only one, of the triturations recommended by Hahnemann. —*American Medical Monthly.*

Editorial Correspondence.

PARIS, October 15, 1856.

Dear Doctor—You will, perhaps, be surprised at the reception of a letter from me, with the above date, from Paris, as you were apprised that it was my intention to have spent some weeks in London before crossing the Channel. But, upon my arrival in England, I found that circumstances, entirely beyond my control, made it necessary for me to reach Paris at an early day. My stay in London was less than a day—by no means long enough for me to have attempted to gather any of the medical news of that great city.

I arrived in Paris on the 9th inst. and, since my arrival, my time has been passed in the reception of friends, noting the wonderful changes in this beautiful city, since my departure two years ago, visiting Hospitals, Medical Societies, &c. &c. I regret to say that I find but little doing here at present, in the way of medicine, as we are in the midst of the annual vacation (between the summer and winter course of lectures, which commences the first of September, and continues, usually, until the first of November,) the only respite of the Faculty from their arduous labors during the year. During the vaca-

tion, the hospitals are attended by the *agreges* of the Faculty, and the *internes* or hospital physicians; and as there are but few students in Paris during the two months' vacation, we have but few facilities in the way of hospital or private instruction. The regular winter course, however, will commence on the first November; and in some of the hospitals, perhaps, a few days earlier, and with them the various private courses upon specialities, when the student may study any branch of the medical science that he may fancy, to the very best advantage.

I have attended some one of the various hospitals every day since my arrival in the city, and in all find that the application of carbonic acid, as a local anæsthetic, as suggested and practiced by Prof. Simpson, of Edinburgh, has considerable favor. Prof. Simpson's first experiments with this agent, as you are apprised, were in painful affections of the uterus, and with marked success; nor did he find the injection of carbonic acid into the bladder of those suffering from neuralgia or inflammation of that organ, attended with less happy results. At present, in Paris, this agent is not restricted to any organs or class of diseases, but is indiscriminately applied, as well to the external surface, if there be an abrasion, as a diseased mucous membrane. As a test of the anæsthetic properties of this gas, the following experiment has frequently been made, both here and elsewhere:—Apply a blister to the finger or any other portion of the body; after vesication, remove the epidermis, and if exposed to the air there will be more or less pain; if immersed in oxygen gas, the pain will be greatly increased: but, after either, if the denuded surface be exposed to a current of carbonic acid, all pain will instantly cease. This experiment would suggest the importance of this gas in the treatment of burns.

The soothing effect of some poultices to irritable ulcers, and other inflammations, is now supposed to be due to the carbonic acid, set free by the fermentation of these farinaceous compounds. And, again, the agreeable sensation from an effervescing draught in some diseases of the stomach, is accounted for by the contact of the carbonic acid, set free with the diseased mucous membrane of that organ.

Although I have frequently witnessed the application of this gas, both in diseases of the uterus and bladder, yet I have not, but in one case, been able to follow and note the effect. This was in a young man, twenty-four years of age, in the wards of M. Broca. For two years he has suffered constantly with a chronic inflammation of the bladder. For the past six months he has been in the hospital, and submitted to the most rational

treatment, without the least amelioration of his sufferings; so sensitive has been his bladder during the whole of his illness, that he has been forced to urinate every half hour—the least distension giving him excessive pain. After the first injection of carbonic acid, there was a marked amelioration of all the symptoms; after the second injection, made twenty-four hours after the first, the amendment was still more perceptible; and, after the third, the same interval intervening, he was enabled to retain his urine for four hours, something that had not occurred for two years; has less pain than at any time during the attack; complains only of pain in the course of the urethra, the result, I suppose, of the frequent introduction of the catheter.

To illustrate further the striking effects of this gas, I have translated the following report from the *Gazette Hebdomadaire* of this week:—

‘Michel Denise, aged fifty years, entered Hotel Dieu the 26th Sept. 1856. She has not menstruated for two years, since which time she has had an abundant leucorrhœal discharge. Since April last, she has suffered greatly with pain in the left iliac region; the pain has not been constant, but re-appeared at short intervals, and with such force that it prevented her occupying one position any length of time, in fact, was so severe that it prevented the possibility of sleep, and greatly affected her appetite. Since the appearance of the pains, she has grown very thin. Upon an examination of her vagina, M. Follin found rather an extensive carcinomatous ulceration of the neck of the uterus. On the 30th of September, he injected into the vagina carbonic acid; and, from the moment that the gas reached the neck of the uterus, she affirmed that the pain entirely disappeared. After the injection, no treatment whatever was instituted, and still there was no return of pain. The patient was up during the day; her appetite returned, and it was evident that her general health was improving. On the 8th of October, she said she had suffered to some extent during the night; another injection was made, since which time she has been entirely free from pain.’

In the same journal there is recorded another case, under the care of M. Follin, presenting the same lesions, with a like happy result. Whether the above and like cases on record, are exceptional or isolated, and whether this is like many other remedies for which much has been claimed—making their noise for to-day, to die to-morrow, time alone must determine. Of one thing, however, I feel pretty sure, that if it will accomplish all that has been claimed for it, which I cannot yet believe, it will prove as great a boon to the physician as chloroform has to the surgeon.

The apparatus for generating this gas is of the most simple character, and in the reach of every physician; and, as there is not the least danger in its application, all may test its virtues for themselves. The most simple mode of generating and applying it is as follows:—Into a common glass bottle, with a large mouth, if convenient, put six drachms of tartaric acid, and a solution of one ounce of bi-carbonate of soda, to seven ounces of water; close the bottle with a cork well adapted, through which there passes a tube for conducting the gas from the interior. To make an application to the neck of the uterus, the tube, if elastic, may now be introduced into the vagina. If this is not convenient, or if it is to be thrown into the bladder, attach a hog's bladder to the end of the tube, and, after filling it with gas, detach it and secure a catheter to the mouth of the bladder thus distended, and it may be injected either into the vagina, bladder, or rectum.

I noticed, at La Charete, a few days ago, a new method of treating effusions of blood, the result of contusions, &c. known as the treatment by *ponctions capillaires*. It appears that at one of the recent meetings of the Societe de Chirurgie, M. Vollemier presented to that body this new method, affirming that, after quite a number of experiments, he was convinced that it was the best plan of treating such accidents. This new method consists of a number of punctures over the seat of the collection, by means of a needle; the blood is slowly discharged through these punctures, without the least danger of the entry of air into the sack. M. Vollemier has recently used a small exploring trocar instead of the needle to make the punctures, but impresses the importance of compression of the walls of the tumor, during the time the canula rests in the sack, to prevent the entrance of air.

He but seldom attempts the removal of the whole of the fluid at one time, but contents himself, when operating with the needle more particularly, to make two or three punctures every day until all is removed. He goes still further, and contends that such punctures are not alone applicable to effusions of blood, but are alike efficacious in the treatment of some varieties of purulent collections, and more particularly abscesses of the lymphatic glands. Of the latter, I have seen one example, and must say, that the result was more satisfactory than by the usual method—a full incision. It was an abscess of one of the inguinal glands. In the same wards (those of M. Broca), I witnessed a puncture of the knee-joint with a small exploring trocar, for the removal of what was supposed to be a serous effusion, but which proved to be purulent, the result of acute

arthritis. Very nearly all the liquid was removed, to the great relief of the patient. Firm pressure was made over the distended capsule during the time that the canula remained, to prevent the introduction of air. It is now four days since the puncture; no re-accumulation, and the patient, to all appearances, rapidly recovering.

I attended, to-day, for the first time since my arrival, the Academie de Medicine, and was much interested in a discussion upon the proper plan to be pursued in the treatment of ovarian dropsy. The discussion grew out of a report of a case operated on by M. Barth; the case, as well as the operation, presenting some peculiarities. The peculiarity of M. Barth's operation, consists in an attempt to keep the cyst constantly in contact with the abdominal walls, by means of two punctures and an elastic tube. The operation was as follows:—With a long curved trocar he made a puncture above the pubis, the bladder being previously emptied; after the discharge of a small quantity of liquid, he introduced the trocar in the canula, and made a second puncture from within outwards, the trocar passing out some three or four inches above the first puncture; withdrawing the trocar a second time, he, by means of a long needle, passed a tube of india-rubber through the canula; the canula was now withdrawn, leaving the tube in the position occupied by it. Two small holes in that portion of the tube corresponding with the interior of the cyst, permitted the escape of the liquid and the injection of fluids at will. As a full report of this case would require some pages, I will give in a few words the result:—

Nothing unpleasant followed the operation; ten days after, iodine was injected—no unpleasant symptoms. For the first month the tumor was gradually reduced in size; after this the discharges became purulent, and the cyst ceased to diminish. Two months after the operation, she left the hospital—the purulent discharge continuing. Ten days after her departure she returned, and in a few minutes after entering the hospital, to the great surprise of every one, she was delivered of a child at five months. Peritonitis and death, in a few days, was the result. The post mortem revealed a rupture of the sack, but not at one of the openings, as would have been supposed, but at the superior portion of the cyst. The premature delivery was the result of this rupture. The operation had nothing to do with the unpleasant result. I should have stated that the patient was presented to the Academie some twenty days after the operation—no one suspecting, for a moment, that she was pregnant.

The discussion which followed was not so much upon the mode of operating, as to whether we should attempt the radical cure by an operation, that is, by the injection of iodine and other irritants.

MM. Malgaigne, Moreau, Huguier, Cazeaux, and Velpeau, entered warmly into the discussion. The discussion is to be continued, and in my next letter I will at least give you the position of these distinguished men upon this much vexed question. At present, suffice it to say, that the remarks of MM. Velpeau and Malgaigne were, notwithstanding the brilliant statistics of Dr. Atlee, by no means complimentary to our American surgeons, who have proposed and practiced the extirpation of ovarian tumors.

As ever yours, &c.

W. F. WESTMORELAND.

—*Atlanta Medical and Surgical Journal.*

BOOK NOTICES.

Obstetrics—the Science and Art. By CHARLES D. MEIGS, M.D. Prof. of Midwifery and Diseases of Women and Children, Jefferson Medical College, at Philadelphia, &c. Third Edition Revised. With One Hundred and Twenty-Nine Illustrations. Philadelphia, Blanchard & Lea, 1856.

The first and second editions of this work have been before the profession long enough to be well known: and the fact, that a third edition has been so soon called for, is sufficient evidence of its having been highly appreciated. The present volume contains seven hundred and fifty-eight pages, well printed, and substantially bound in calf. It has been carefully revised by the author, and is the best American work on Midwifery that is accessible to the student and practitioner.

The Practical Anatomist; or, The Student's Guide in the Dissecting Room. By J. M. ALLEN, M.D. Late Professor of Anatomy in the Medical Department of Pennsylvania College; Fellow of the College of Physicians, &c. With Two Hundred and Sixty-Six Illustrations. Philadelphia, Blanchard & Lea, 1856.

This is a well executed and substantially bound volume, of six hundred and thirty-one pages. From a hasty glance at its contents, we think it admirably arranged for rendering aid to the student in prosecuting dissections. Its illustrations are generally accurately drawn and highly useful. It will, doubtless, rank among the best *guides* in the study of practical anatomy that are now before the profession.

An Introduction to Practical Chemistry; including Analysis.

By JOHN E. BOWMAN, F.C.S.; Prof. of Practical Chemistry in King's College, London; Author of 'A Handbook of Chemistry,' &c. Second American, from the Second and Revised London Edition. Philadelphia, Blanchard & Lea, 1856.

This very valuable little work has been some time before the profession; and its merits are well known. To the student of practical chemistry it is one of the most convenient and useful volumes within his reach.

Copies of the three foregoing works were received through the well-known book establishment of D. B. Cooke & Co. of this city, where the works may be found by those wishing to purchase.

The Physician's Prescription Book: Containing List of Terms, Phrases, Contractions, and Abbreviations used in Prescriptions, with Explanatory Notes; also, the Grammatical Construction of Prescriptions, &c. To which is added a Key, Containing the Prescriptions in an Unabbreviated Form, with a Literal Translation, intended for the Use of Medical and Pharmaceutical Students. By JONATHAN PEREIRA, M.D. F.R.S. Second American, from the Twelfth London Edition. Philadelphia, Lindsay & Blakiston, 1857.

This is a small duodecimo volume, of two hundred and eighty-two pages, neatly printed and bound in cloth. Its design and contents are sufficiently indicated by the foregoing copious title page. By the medical student, the apothecary, and indeed all who either write or fill prescriptions, it will be found very convenient and useful.

History and Statistics of Ovariectomy, and the Circumstances under which the Operation may be regarded as Safe and Expedient; being a Dissertation to which the Prize of the Massachusetts Medical Society was awarded, May, 1856.
By GEORGE H. LYMAN, M.D. Boston: Printed by John Wilson & Son, 1856.

This is a well written and well printed monograph, of one hundred and forty-six pages. It contains a full historical account of the origin and practice of operations for the removal of the ovaria, with statistical tables presenting the results of three hundred operations. The numerical results of these operations are given as follows:—

'I.—Of the 300 cases, the operation was completed by the removal of the tumor in 208; which, excluding 4 not mentioned, gives us 70.27 in 100.

'The tumor could not be removed in 78; or 1 in 331.32, or 26.35 in 100.

'The tumor was partially removed in 10; or 1 in 298.5, or 3.37 in 100.

'The removal of the tumor is not mentioned in 4.

'II.—In 1 case the result is not stated; of the remaining 299 operations, 179 recovered, 120 died; or 1 in 232.12, or 40.14 in 100.

'III.—Of the 208 cases in which the operation was completed, 119 recovered; or 57.21 in 100: 89 died, or 1 in 230.32, or 42.78 in 100.

'IV.—The above gives us, therefore, 300 operations for the removal of ovarian disease, of which 119 only were successful in the removal of the disease and the recovery of the patient; or 1 in 232.12, or 39.66 to 100—less than two-fifths.

'V.—Of the 78 cases in which the tumor could not be removed, 55 recovered from the operation; or 70.51 in 100: 22 died, or 1 in 32.11, or 28.20 in 100; and in 1 the result is not given.

'VI.—Of the 10 cases in which the tumor was partially removed, 5 died, and 5 recovered from the operation.

'This does not include those cases in which the cyst or tumor was emptied or incised, or a tent introduced. Of the 88 cases included in these two sections, V. and VI. in which the operation remained unfinished, 27 died; or 1 in 37.47, or 30.68 in 100.'

The following are the conclusions to which the author has

arrived in relation to the propriety of resorting to the operation under given circumstances, viz.:—

'1. The mortality attendant upon Ovariectomy is no greater than it is after other capital operations.

'2. The mortality resulting from extensive incisions of the peritoneum is generally over estimated.

'3. Fully developed cystic disease of the ovarium tends rapidly to a fatal result.

'4. No method of treatment heretofore devised for it is so successful as extirpation; excepting, possibly, that by injection with iodine, of the results from which we have, as yet, insufficient statistics.

'5. The operation is unjustifiable in the early stages of the disease.

'6. After active development has commenced, with the super-vention of constitutional symptoms, the sooner the operation is performed, the greater the chance of recovery.

'7. No rule can be laid down as to the length of the incision, other than the general one—that the shorter it is, the less the mortality; and that, therefore, the primary incision should always be small, and extended afterwards as may be necessary, according to the exigencies of each particular case.

'8. If, after the operation is commenced, extensive adhesions should be discovered, either the complete abandonment of the intended extirpation, or the attempt to cause suppuration and gradual contraction of the cyst, by means of a permanent external opening, are to be preferred to the division of the adhesions and completion of the operation as originally designed.'

EDITORIAL.

The Medical World.

For some time we have been receiving a weekly paper bearing this title, and edited by J. V. C. Smith, M.D. formerly editor of the *Boston Medical and Surgical Journal*. On looking over the first numbers, we were satisfied that it was little else than an advertising sheet for quacks and quackery, and, consequently, neither worthy of a place on our exchange list, nor of sufficient importance to require a notice. We have seen

nothing in the later numbers to cause any change in our opinion; but, as most of our editorial brethren have deemed it their duty specially to condemn the hybrid sheet, we feared that entire silence on our part might be misconstrued.

Under the pretence of greater *liberality*, Dr. Smith has undertaken to edit a sheet, the columns of which are open alike to all the *isms* and *pathys* of the day; and which is regularly enclosed in a wrapper filled with advertisements of patented and quack nostrums. Of course it cannot receive the patronage or favor of any well-informed physician. We can account for Dr. Smith's course in attempting to edit such a periodical, only on the supposition that, while gyrating in the dirty whirlpool of politics during the last three or four years, his head has become so giddy that he is unable to discern clearly the difference between the action of a Homœopathic pellet of sugar of milk and a regular Hydropathic *packing*.

That something has exerted a sad degree of demoralizing influence on the man, is further evident from the scurrilous language and malicious sentiments which he uttered in relation to the able and fearless editor of the *Buffalo Medical and Surgical Journal*. Dr. Hunt, of the *Buffalo Journal*, needs no defence, however; for to be abused in such a sheet as the *Medical World*, is equivalent to a high compliment from the profession at large, while to be praised would justly excite the suspicions of the upright.

By the way, we notice in the *Medical World* a special disposition to puff the Medical Department of the University of Michigan. Is there any truth in the old adage, 'Birds of a feather will flock together'?

Effects of Alcoholic Liquors in Phthisis.

A writer (Prof. Lawson, we presume from the initials,) in the December number of the *Western Lancet*, pays us the compliment of devoting eight pages to a review of the Address on the above subject, which we had the pleasure of reading to the Members of the Illinois State Medical Society at their last annual meeting.

The reviewer thinks, that, in drawing inferences from our experiments, we have committed the grave error of forming 'conclusions from the *Pathological* instead of the *Therapeutical* effects of alcohol.' Will he be kind enough to give us the symptoms or landmarks by which we may know where the *Therapeutical* effects end and the *Pathological* begin?

Dr. Bocker, in his experiments, used only one *tea-spoonful of spirits of wine* at a time, and yet the results he obtained correspond in all important particulars with those obtained by me. Will the reviewer tell us what constitutes the maximum quantity for a *Therapeutic* effect on a man of ordinary size and health? In reference to our position, that alcohol is not a *tonic* or invigorating agent, the reviewer says:—'If the author of the Address will look at the *rubicund* countenance, *red nose*, *florid complexion*, and active circulation of the *dram-drinker* (before disease supervenes), he will hardly deny that alcoholic preparations possess very decided and potent *stimulating* and *sustaining* properties.' Let us reflect a little on this paragraph, and see if the reviewer has not confounded several things essentially distinct:—

First—What constitutes a test of the *tonic* or *invigorating* qualities possessed by any individual? Is it merely a *rubicund countenance*, a *red nose*, and a *florid complexion*? If so, then the red-faced, jolly, and aldermanic beer-drinker should present us the maximum of strength and vigor. But who does not know that the physical activity and power of endurance, possessed by such individuals, *diminish* precisely in the same ratio as they become more *rubicund* and *plethoric*? Can our friend of the *Lancet* find a single specimen of this kind, who, if put to the test of active physical exertion, will not soon demonstrate the fact that there is no direct ratio between the 'florid complexion' of the 'dram-drinker' and his actual strength and physical energy?

Second—What constitutes the dividing line between the 'rubicund countenance, red nose, and florid complexion of the dram-drinker' *before disease supervenes*, and the same *after* the commencement of the latter? May we safely presume disease to be absent so long as the nose is *red only*, and the reverse when the *acnæ rosacæ* begin to be added to the redness?

Third—Are the words, ‘stimulating’ and ‘sustaining’—*stimulating* and invigorating—stimulant and tonic, merely synonymous with each other? In other words, is there no essential difference between a stimulant or excitant, and a tonic? If there is, under which head does alcohol belong?

Again, our reviewer says:—‘Whatever difference of opinion may exist in regard to the effects of retained carbon, no *candid* and accurate observer can doubt the beneficial effects of alcoholic stimulants, when given in suitable cases and proper forms and doses, in *promoting primary* assimilation.’

We may not claim any special *accuracy* as an observer, but certain it is, that, after nearly twenty years of most careful observation, experiment, and reflection concerning this very subject, we *do doubt* the power of alcohol to promote ‘primary assimilation.’ Is Dr. L. M. L. quite certain that he has not mistaken the effects of simple *retarded* disintegration or transformation of tissues, for a positive *increase* of assimilation? He certainly will not deny that the alcohol, by its immediate and primary action, diminishes the exhalation of carbon from the lungs and nearly all the other eliminations derived from the transformation of tissues, as proved by the experiments of Drs. Prout, Sandras, Bouchardet, Magnus, and Boeker, (without including our own.) Indeed he admits, in so many words, ‘that it checks excessive transformation of the tissues.’ Now, will Dr. L. be kind enough to explain by what physiological or therapeutic process any agent can positively *increase* primary assimilation, and at the same time *diminish* or hold in check the transformation of the tissues with the resulting eliminations?

Finally, our reviewer disposes of the thirty-seven cases, reported in the Address, in the following easy and summary manner:—‘We are not able to perceive that these cases prove anything in the premises. It will be remarked that a majority of the patients were Irish; and with the well-known habits of a majority of such persons, who are usually ill-fed and much exposed, it is not surprising that the alcoholic liquors should prove ineffectual. Nay, more, it is quite probable, if not positively certain, that the want of substantial food will, under the effects of the liquor, be positively pernicious. Most of these

persons drink liquors of the worst possible quality, and in an irregular manner; often excessively, so that great evils will usually follow.'

Does this paragraph exhibit a philosophical or even a legitimate mode of reasoning? Have these general intimations about the habits of the *Irish* people as a class any necessary application to the individual cases reported by me? Have they any application to the well-fed, well-clothed, well-protected girl who was supplied a cup of beer regularly with her meals for three years? or was the *cup of beer* an over-dose, producing 'pathological' instead of therapeutic effects? Have they any better application to the country hotel-keeper, whose case is detailed, and who, with plenty of good food, good clothes, a competence pecuniarily, made a *regular* habit of taking, daily, *moderate* quantities (but not to intoxication) of alcoholic liquors for ten or twelve years? Indeed, if any such general statements as those contained in the above paragraph were allowed to have influence in determining questions of a scientific nature, we might with much propriety ask those who claim alcohol as a prophylactic in phthisis, how it happens that the *Irish* people, who more universally than any other people in Christendom drink alcoholic beverages, at the same time furnish the highest numerical ratio of both typhus, and tuberculosis or consumption? But our queries are extending much beyond the space we designed, and we will only add, that the writer in the *Lancet* is entirely in error when he supposes that our positions in relation to the action of alcohol on the human system, are 'the result of ultra-temperance notions;' or that we seek to exclude it from the list of important remedial agents. On the contrary, our positions are the result of years of study, observation, and experimental research. So far from excluding alcohol from the list of remedies, our positions simply exclude it from the *Materia Alimentaria*, or list of wholesome beverages, and confine it rigidly to the *Materia Medica*, in precisely the same sense as we confine opium, castor oil, or ipecac. Nay, we go further, and by pointing out definitely the two-fold power of alcohol to *excite* or *exhilarate* the nervous system, and at the same time diminish organic changes in the tissues, we suggest clearly the indica-

tions it is calculated to fulfil in the treatment of disease. That these indications are much more limited than those generally assigned by the profession, we admit. But the question of their correctness we cheerfully submit to the test of time and criticism; only hoping that those who dispute them, will give the results numerically of actual cases, observations, and experiments, instead of mere general statements and opinions.

Transactions of the American Medical Association for 1856.

We had intended to notice this volume in the present number of the *Journal*, but we have only space left for the following letter. We hope all our readers will avail themselves of the opportunity to purchase a copy.

PHILA. Dec. 4.

Drs. PALMER & MILLER.

Gentlemen—Yours of Nov. 24th is at hand. You consent to charge yourselves with the sale of volumes of *Transactions*, and, in pursuance of the object, I have ordered twelve volumes for 1856 sent to your address. Will you be good enough to interest yourselves in this matter, as our funds will barely carry us through; and if the meeting next year is small we shall not be able to print the usual number of copies another year. The volumes I send are three dollars apiece to the profession. If you can dispose of more, I shall be happy to fill your orders.

Very respectfully yours, &c.

CASPAR WISTER,

Treas. Am. Med. Assoc. 479 Arch St.

MEDICAL INTELLIGENCE.

To the Medical Profession and Scientific Observers.

The undersigned having been appointed, at the late meeting of the American Medical Association, Chairman of a Committee on the Etiology and Pathology of Epidemic Cholera, respectfully solicits Etiological, Pathological, and Historical data pertaining to the disease, from the medical profession, and Meteorological data from any person who may have them.

As a primary examination in investigating the cause of Asiatic Cholera and its mode of travel, he wishes to be able to compare Meteorological data obtained when the disease was raging in any given locality with those which were obtained where the disease did not prevail.

To make this comparison most complete, a full set of Barometrical, Thermometrical, Hygrometrical, and Ozonometrical tables, with prevailing winds and electrical phenomena, as far as obtainable, for a series of years, embracing those of health and disease, and extending over a large territory, are needed; but where full tables are not obtainable, partial ones, or reports, will be thankfully received if the observations are accurate.

As Hygrometrical observations are extremely rare in the United States, the undersigned hopes that each person who has any which may be of value in the present investigation, will forward them to his address, or inform him of their existence, and how they may be made available.

It is also hoped that every person, properly prepared to keep Meteorological registers, will spare no pains to make them as perfect as possible, and not fail to embrace Hygrometrical observations in their tables.

Tables now forming may be of real service to the Committee before the time expires for which it was appointed.

All data received prior to March 15th, 1859, will receive the attention of the Committee; and due credit will be given in every instance for valuable information.

The subjects of investigation are of such vast interest to mankind, it is hoped the present request will elicit the hearty co-operation of the medical profession, and any other persons who may have, or shall hereafter collect matter of the kind requested.

It would seem that he should not hope in vain, when it is considered that cholera is a disease which knows no political bounds, and frequently appears to regard neither geographical lines or sanitary cordons, and has already destroyed nearly, if not altogether, one hundred millions (100,000,000) of the earth's inhabitants.

Thus far, all with whom the Chairman has corresponded have most promptly proffered any assistance in their power, and at the same time expressed their warmest sympathy and regard for the investigation; but, believing those with whom he is unacquainted may have data of the kind sought, he takes the present method of presenting his wishes, hoping they may be complied with by all who are possessed of such data, and feel an interest in man's emancipation from disease.

Medical Journals, Literary Magazines, and newspapers friendly to the great interests of humanity and medical science, will confer a favor upon the Committee—and it is hoped upon the world—by inserting the above in their columns.

T. WINSLOW GORDON, M.D.

GEORGETOWN, Brown County, O. October, 1856.

—Correspondence *Western Lancet*.

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JAMES GRAHAM, M.D. *Dean*.